

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90003 018 ***550.00

DOCUMENT # L58142

1. Entity Name
SUNSET INTERNATIONAL WEST, INC.



Principal Place of Business

**C/O ROBERT I. WESSLER
2200 MUSEUM TWR., 150 W. FLAGLER ST.
MIAMI, FL 33130**

Mailing Address

**C/O ROBERT I. WESSLER
2200 MUSEUM TWR., 150 W. FLAGLER ST.
MIAMI, FL 33130**

50021833



06302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3001852

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WESSLER, ROBERT I.
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BELTRAN, JOHN
7000 SW 97TH AVENUE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MILTON, LAZARO
2700 SW 3RD AVENUE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Beltran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/06
Date

305-444-8326
Daytime Phone #